a rational approach to

voluntary euthanasia

THE RIGHT TO DIE

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As far as lies within our control, the joy of living should be pursued throughout life to a dignified conclusion. Certainly for all who so determine, life should not end by disintegration in a protracted ordeal of progressive death. This is as universally true today as it was in the first century AD when Seneca wrote:

> "If I can choose between a death of torture and one that is simple and easy, why should I not select the latter? As I choose the ship in which I sail and the house which I inhabit, so I will choose the death by which I leave life . . . I will not relinquish old age if it leaves my better part intact. But if it begins to shake my mind, if it leaves me not life but breath, I will depart from the putrid or the tottering edifice."

Sophocles, Zeno and other Stoics adopted the policy of an easy end to life by suicide when this would avoid untoward suffering. Epictetus wrote:

> "If the room is smoky, if only moderately, I will stay; if there is too much smoke, I will go. Remember this, keep it firmly in mind, the door is always open."

Although the Greek thinkers freely discussed euthanasia as a contrived easy death, suicide was the only door open to them. Many in fact departed life quite calmly through this door. What is surprising is that, after nearly twenty centuries, there is no other door by which human beings can legally be certain of escaping an agonising torment of delayed death. The one thing that is certain in life is that we are all going to die. What we do not know is the manner how. Death by "natural causes" can mean death from sheer exhaustion after a prolonged period of progressive degeneration.

Definition

"Mercy killing" is an inexact definition of euthanasia. The disease or body disorder being the killer, euthanasia is the "merciful release" from useless prolonged suffering.

Many—perhaps most—people would like to know that when their time came to die, the end would be easy. This reasonable and natural desire could be fulfilled by the legalisation of Voluntary Euthanasia. Euthanasia in the present accepted sense has been well defined by Lord Chorley as "the termination of life by painless means for the purpose of avoiding unnecessary suffering in the last extremity". Voluntary Euthanasia means that it is applicable only to adults who have requested its aid in certain specified circumstances, or consented as medical practitioners to administer euthanasia in those special cases.

Why Euthanasia? Why not resort to suicide?

Suicide is practical only when an individual is mentally and physically capable, has access to drugs (if crude methods are to be avoided) and can act in such a way that no other person would appear to be in a position to have prevented it. This is rare for patients in that sorry state when euthanasia would be considered, and impossible for patients in hospitals. To be certain of success, suicide would be premature and in some cases the unnecessary result of mistaken self-diagnosis.

There is a suggestion of a compromise by an amendment of the Suicide Act to permit doctors to supply the loaded sleeping-draught or pill, but not themselves administer it. For obvious reasons, such a measure would have to be subject to many strict safeguards and even so, it is not practical in

those cases where it is most needed when patients are beyond helping themselves—even to a drink.

Discourse

It is a matter of history that Greek thought and guidance gave way to Christian teaching in Europe. Hence in the ensuing centuries when the Christian doctrine, as practised in its most literal interpretation, was the guiding force in life and destiny, very little interference with natural causes was contemplated. Nevertheless, Sir Thomas More (a staunch Catholic) advocated euthanasia in his *Utopia* as did Sir Francis Bacon in his *New Atlantis.* These were, of course, set out as ideals in an idealistic world. Needless to say, it would not have been politic for these authors to have advocated the actual adoption of euthanasia in their day and age.

Suggestion for the practical application of euthanasia came when a paper was read at the Society of Medical Officers of Health by its President in 1932. This provoked great interest at the time and the Voluntary Euthanasia Society was formed. A Bill, the first of its kind, was introduced in the House of Lords in 1936 and defeated. A valid objection to that particular Bill was that the patient was not in a position to request euthanasia before the disturbing condition occurred and that a special body of medical officers set up by the then Ministry of Health would be solely responsible for its administration.

During the debate, Lord Horder said: "Be it observed that the good doctor is aware of the distinction between prolonging life and prolonging the act of dying." That suggested that some doctors were, and some are now, tacitly practising a suppressed form of euthanasia. If this is so, it is without

firm knowledge of the patients' wishes; in any case, it leaves very many thousands of sufferers in protracted stages of disintegration and distress instead of assisting them to die peacefully.

It is realistic to recognise that it could be the same for any of us in the course of time. These pitiable patients, with all their dignity and personality dissipated, were at one time as we are now—physically and mentally sound. Euthanasia is not a matter of killing these people off; the disease does that, and often does it shockingly slowly. It is a matter of advancing the inevitable end of a life which has become useless and burdensome.

Most people know of unfortunate relatives or friends for whom it would have been merciful to have shortened useless suffering at the end of their lives, and whose death, when it came eventually, was considered by Christians and others to be a "merciful release". Supporters of Voluntary Euthanasia desire the merciful release to be effective before suffering has been uselessly prolonged.

It should also be remembered that compassionate doctors, too, share the sadness which surrounds the helpless case when further efforts are futile; hence merciful doctors are placed in an unfair position. Due to newer techniques for prolonging the failing life of a dying patient without hope of restoring the person to a worthwhile existence, doctors are left with the heavy responsibility of decision on their course of action; the possibility of authentic knowledge of the patient's wishes should be available.

The best criterion of a civilised community is the extent of agreed liberty for its individual members. Liberty of the individual in this country is of paramount importance. It implies complete freedom of action insofar as it does not interfere with the moral and civil rights of others. It embraces the

right (within this framework) to direct ones own mode of life according to conscience, judgement and desire, and should also enable one to determine that he shall not die in prolonged distress where it could be otherwise.

When the nation has been called upon to fight for liberty there has been little objection to cutting short the lives of young healthy individuals in the cause of liberty. Most citizens give active and willing support to this but it is a very poor return from the politicians that the individual shall be denied the right to decide for himself whether he shall have an alternative to an excruciating, distressing or undignified end to his own life if overtaken by severe accident or affliction.

The services of doctors and others are welcome and necessary to the care of personal well-being, but it must be emphasised that every individual still remains, as the Suicide Act of 1961 recognises and establishes, the owner of his own person and may dispose of it at will. Hence it is indisputable that personal liberty justifies the moral right of a person to decide whether or not his death shall be gentle.

How can the right to choose to die be legally established?

The Voluntary Euthanasia proposal is that adults who wish to do so would sign a declaration setting out that in the event of an illness or affliction from which death is the only release, then the period of useless suffering and distress would be shortened by euthanasia. The main parts in the declaration would read:

> *If I should at any time suffer from a physical illness or impairment of a severely distressing character reasonably thought in my case to be incurable and expected to cause me extreme suffering or render me*

incapable of rational existence, I request in advance the administration of euthanasia at a time or in circumstances to be indicated or specified by me or, if it is apparent that I have become incapable of giving directions, at the discretion of the physician in charge of my case.

In the event of my suffering from any of the conditions specified above, I request that no active steps should be taken, and in particular that no resuscitatory techniques should be used, to prolong my life or restore me to consciousness.

(The latter paragraph could be deleted if the declarant so wished.)

The declaration would be witnessed by two persons of approved standing, testifying that the declarant knew its meaning. The declarant could cancel the declaration at any time simply by tearing it up or ordering its destruction. Unless revoked, the declaration would be valid throughout the life of the declarant, as a will.

The intention is that people would make their declarations while in normal health and, as a safeguard against impulsive active action, a month is suggested as a period for second thoughts before euthanasia could be applied. A consultant in addition to the doctor in charge of the patient would have to certify that recovery was hopeless before resort to euthanasia. The form would normally be kept by the patient's doctor or other trusted person who would forward it to any hospital where the declarant became an in-patient. (A duplicate declaration, stated to be a duplicate and bearing the name and address of the holder of the original, could be retained by the next-of-kin.)

Objections met

The major objection springs from the religious conception that the practice of euthanasia would be "acting God" or "usurping God's prerogative." This can only mean than man's intervention with the course of nature is assuming the role of God. If this were really believed it would be a sin to dam a river to form a reservoir or prevent an area being flooded as this was not the way God or nature intended it to flow! It would certainly be wrong to vaccinate or inoculate to prevent death by diphtheria, smallpox, typhoid and the like, to combat disease and infections with antiseptics and anti-biotics, or to use anaesthetics to obliterate pain; but few Christians would say that all this is contrary to God's will.

By common consent, animals that come within human control are not allowed to suffer at the end of their lives; it is accepted as kind and merciful to shorten the process of dying in animals when they would otherwise suffer, even by those who believe them to be God's creatures. Why should this mercy not be similarly extended to human beings? It is difficult to imagine that a merciful God would condemn his subjects, providing they were sincere and unselfish, for an act they regarded as merciful—and there are many ministers of religion who truly believe that euthanasia *is* an act of mercy.

Support for this comes even from the Pope: by a letter in the *Catholic Medical Journal* in 1957, Catholic doctors were authorised to give drugs in necessarily increasing doses to relieve pain, even if that does in fact shorten life, provided that the relief of pain is the prime object. In January 1969 a leading Catholic theologian, writing in the Vatican City magazine, said:

"All ordinary measures to preserve human life are a duty but if the prolonging of life is uncertain or if one can expect hardships, pain and need for costly and continued treatment, remedies may be considered extraordinary and not binding on the consciences of patients, relatives and doctors."

Dr. Leslie Wetherhead, well-known Methodist, has written:

"I sincerely believe that those who come after us will wonder why on earth we kept a human being alive against his will, when all the dignity, beauty and meaning of life had vanished; when any gain to anyone was clearly impossible and when we should have been punished by the State if we kept an animal alive in similar physical conditions."

Among Church of England clergy to support euthanasia was the Dean of St. Paul's, Dr. W. R. Inge, who said, "I do not think we can assume that God wills the prolongation of torture for the benefit of the soul of the sufferer." Another late Dean of St. Paul's the Very Reverend W. R. Matthews, said, "In my belief it is the vocation of the Christian to be alert to see where the law of love would point out to us "new duties". The great master-principle of love and its child compassion should, I urge, impel us to support the legalisation of Voluntary Euthanasia as advocated by the Society."

The world over, every religion is a minority belief. In any case, it is surely quite wrong to allow a religious belief to be the basis of a law imposed on people who do not share that belief. Persons who object to Voluntary Euthanasia on purely religious grounds should realise that it is their moral and civil duty to allow to others the tolerance that is extended to religion of all denominations in Great Britain. Religious and civil tolerance should

be practised mutually. Teetotallers are not permitted to deny others the right to alcohol. The same should apply to Voluntary Euthanasia: each individual making his own choice. This is equally true for doctors and nurses: no one would be asked to take part in euthanasia against his or her will.

Pain has a spiritual value

The suggestion that there is spiritual value in pain can seem true only to those who believe it so. Very few even of these refuse anaesthetics and sedatives when they need a tooth extracted or operative hospital treatment. No normal person relishes pain as such and it is no more selfish in principle to want an easy death than it is to take aspirin for a headache. On the other hand it is extremely selfish of anyone not wanting euthanasia in his own case, to deny others the opportunity to spare themselves avoidable pain and distress and to spare their relatives the consequences.

Pain certainly has biological value; without it we should not have evolved. Flesh would have been torn on rocks long before the dangerous stage of fire-making had been reached. With acquired knowledge pain has been differentiated to gain a diagnostic value in bodily disorders. Once a diagnosis has been made, further pain is useless and accordingly undesirable, at least from the biological viewpoint.

There are those who, objecting to euthanasia on religious grounds, state that pain in terminal illness is a trial set by God. This implies that an all-knowing God cannot assess the character of one of his own subjects without submitting him or her to torture!

Another refuge of objectors is that the care and attention required by

terminal cases in severe distress brings out the best humane virtues in those that nurse them. Surely it is quite wrong to allow another person to continue in needless suffering for the benefit of those that attend them. There is no lack of useful social outlets on which to practise humane caring.

The Hippocratic Oath

There is a false belief that the oath compiled by Hippocrates (between the 4th and 5th centuries BC) and traditionally sworn to pagan gods, is still in use in this century. However, a statement issued by the British Medical Association in March 1961 makes it clear that at none of the total of 31 medical schools in the British Isles do newly qualified doctors take that oath. In six places of medical education (namely at the universities of Aberdeen, Edinburgh, Glasgow, Belfast, Cardiff and Bristol) there *is* a special passing out ceremony at which an oath is taken, but none of these forbids euthanasia.

The official attitude of the British Medical Association is opposition to euthanasia; but it is based on a resolution of the World Medical Association taken in 1950 on euthanasia as then understood, and does not represent the present general attitude of the medical profession. This is borne out by a poll conducted by National Opinion Polls in January 1965 on a sample of 1000 doctors, when 76.2 per cent agreed to the statement that, "Some medical men do in fact help their patients over the last hurdle in order to save them unnecessary suffering, even if that involves some curtailment of life." Doctors of course must observe the law, so it is not surprising that few encourage the patient (the person most concerned) to state his or her view on the matter.

Although doctors seem ready to employ new drugs and the latest techniques, they are traditionally slow in changing policies. History records the profession's objection to Florence Nightingale and the introduction of quality nurses. We can recall the profession's opposition to the National Health Service; now the profession cannot get enough of either to satisfy their demands. It seems that advances by the medical profession come through its individual members rather than as an organised body.

An "Intolerable Burden" for Doctors?

Surely the position that any sensitive doctor must find hard to bear is when a patient, for whom it is impossible to restore a meaningful existence lingers on in great distress, month after month, until sheer exhaustion brings the end. If an individual has predetermined while of sound mind that he or she definitely prefers euthanasia to protracted death, then there is *no ethical problem* for the doctors. The decision on euthanasia has rightly been taken by the individual concerned. The doctor's decision is purely a clinical one, summarised as "Can this patient be restored to a rational (meaningful, worthwhile) existence?". If a criterion is required, let the doctor imagine the positions reversed and ask himself whether or not he would wish to continue in the state in which the patient now is. Or, further, would he be able to convince his colleagues that he would prefer to endure the distress and discomforts that beset his patient than to make a quick, easy end to it all?

When nature goes awry, doctors do their best to redress the balance and help the individual to the norm. For example, premature babies are placed in incubators; where there are breathing difficulties oxygen tents are used; broken limbs are splinted; chemistry restores deficiency; etc. Albeit, when

death begins to overtake the individual and makes a bungle of the process of dying, doctors are still disinclined generally to assist nature to make a good clean job of it.

If some of the afflictions which are imposed by nature on many terminal cases were the action of political terrorists, we would recognise it as torture and do our utmost to eliminate such cruelty—yet we have not adopted the same compassionate action of curtailing the process of dying. It is often stated that it is a doctor's duty to save life, not to take it. It is, of course, a doctor's duty to preserve life by curing disease, but no doctor can cure an incurable disease. It is also a doctor's duty to alleviate suffering, but obligations can apply only as far as it is possible to fulfil them.

Doctors naturally conform to the general principle that no man may actively kill another. Euthanasia is not murder, as some opponents suggest, because murder is necessarily against the wish of the victim and not motivated by his benefit. In euthanasia, the patient's life would be terminated for his own benefit at his own strongly expressed wish.

That which is reasonably considered to be in the best interests of the patient, having regard to the patient's own wishes, should be the standard. This would excuse "mercy killing" but might not ultimately justify it, since the lay person is not suitably qualified to make a true assessment. The tragic compulsion that relatives have experienced in these circumstances will remain until Voluntary Euthanasia is legalised, to enable doctors to fulfil this duty for their patients. In all circumstances, the law as it stands has to be the guiding line for doctors. When the law is changed to establish the patient's right to predetermine the issue, then medical opinion and practice will change accordingly.

Pressurisation

The fear that it would be possible to persuade an old weak-willed relative to sign a declaration in order to get him out of the way is without substance. In the first place, there would be two impartial persons of recognised standing to ascertain and certify that no pressure is applied; these witnesses would be aware of the possibility of pressure and therefore guard against it.

However, suppose the witnesses were careless or were deceived and the chronic but meek invalid did sign a declaration; this would not bring instantaneous death. There is the factor of 30 days in which to keep up the enforced resolution. If the patient's condition did not justify euthanasia at that stage the doctor would say so; certainly he would not be able to get a consultant to concur to the contrary. Therefore, the pressurised meek would be in a stronger position than before *vis a vis* a hostile family (as well as in his own mind) for the doctor in charge does in fact remain in charge and would say "no" to any premature euthanasia. The only means of circumventing this safeguard would be collusion and corruption by the doctor, the consultant and the two witnesses of established standing. If the doctors were so minded, there are easier and less risky ways of achieving their end.

This is equally true of the chronic sick or senile who might feel they are becoming a burden to relatives or society and sign a declaration on that account. Euthanasia would only come their way to avoid unnecessary suffering in the last extremity; nevertheless, it would be a comfort to most people to know that their life would not be allowed to end in protracted anguish and distress.

Mistaken diagnosis

Some people recount that they were at one time told that they had only a short time to live and are in fact living years after. Such predictions are rash and irresponsibly made in the early stages of an illness. It is well for the lay person to bear in mind the difference between being very seriously ill and actually dying. The former often recover, the latter never do. Euthanasia would only be considered when the patient was definitely fighting a losing battle.

The average doctor knows when a patient is dying. In those cases where euthanasia might be considered in accordance with the known wishes of the patient, the law would require that a specialist also be consulted. Such consultations could, no doubt, reduce the percentage of wrong diagnoses which otherwise occur. Indeed, the opinion of a consultant might serve thus to promote a useful life rather than shorten it. The remote possibility of a mistake occurring in these circumstances is one that a declarant would be prepared to take.

New cures

It is true that cures are continually discovered for conditions that were at one time incurable. When a new cure is found, euthanasia would be out of the question for that complaint. Unfortunately, however, the physical condition of an already seriously afflicted patient degenerates faster than medicine advances. In all such matters it is necessary to deal with conditions as they are known to be—not as they might be at some future date.

Few requests for euthanasia

It is not surprising, as is often pointed out, that very few dying patients ask for euthanasia. It is not usual to ask for that which is neither legal nor available and doctors who are known to be opposed to euthanasia are unlikely ever to be asked. There are, nevertheless, very many supporters for the legalisation of Voluntary Euthanasia.

Vacillation

A two-fold objection put forward is that a person may sign a declaration in early adulthood and forget it. Later in life he may have a different attitude to euthanasia and so have unwittingly authorised euthanasia in his case should he so qualify by his personal physical condition.

Firstly, one would not forget having signed such a declaration any more readily than one would forget that he had made a will. There would be constant reminders once Voluntary Euthanasia is in use, because people would hear of relatives and friends whose death had been made easier by euthanasia. Secondly, the remedy for one who changes his mind is the simple one of collecting and destroying the declaration.

Supporters of Voluntary Euthanasia wish the decision on their manner of death to be made objectively and sanely. That is why they favour a self-made advance declaration and do not wish the cardinal decision to be subject to the prejudice of others, or even taken by themselves at a time when their mental activity is impaired.

The Doctor-Patient relationship

It has been suggested that when a person has made a formal request for

euthanasia in specified circumstances, it might impair the trust the patient has in his doctor of always doing his best for his patient. Furthermore, a patient seriously ill might view with alarm the visits of the doctor, not knowing when it would be the end.

This is contrary to reasonable expectations. Where a doctor accepts a declaration, mutual trust is enhanced as the person is assured that the doctor would not allow his patient to suffer needlessly when dying became inevitable. The mentally alert patient would retain control by virtue of his declaration which would enable him to dictate, if he so wishes, the appropriate circumstances in which he required euthanasia.

Thin end of wedge?

The thin-end-of-the-wedge argument implies that it is wrong to approve a small social measure now, in case something quite different is introduced later. The reality is that Acts of Parliament generally contain the necessary limiting factors and Voluntary Euthanasia would be limited to adults who wished to take part. It is concerned with no other class of human beings. It is as irrelevant and irresponsible to suggest that legalisation of Voluntary Euthanasia would be a step towards gas-chambers as it would be to suggest that men who join the British Army or police force will at some future time be ordered to exterminate Jews in the manner of storm-troopers under Hitler. Hitler's and Goebel's wilfully distorted interpretation of the term "euthanasia" has no standing in this country and no British Government is likely to order the construction and use of gas-chambers. Jews and political prisoners did not volunteer to be victims of Nazi atrocities.

Hospitals for terminal patients

There are a few hospitals set up especially to deal with terminal illness. These hospitals have a very high ratio of nurses—mainly dedicated women of a religious order—who make their patients as comfortable as possible in their terminal illness. The patients are selected, inasmuch as they are patients who do not require intubation or complicated apparatus, and who believe that they are complying with God's will.

The Catholic hospices that are established for this purpose follow, in certain cases, a Vatican directive which allows painkilling drugs to be given in necessarily increasing doses even though that does shorten life, provided that the relief of pain is the prime object. This is very laudable—it does in fact shorten the process of dying which is indeed a degree of applied euthanasia, although the hospices' staff will not admit to that. It is a little like saying "Jack was not deliberately drowned, it was just that his head was held under the water, the intention being to wash his hair." Here the means justifies the end ! The sad point however is that effective dosage is not sufficiently widely practised anywhere—the present law being repressive.

Not everybody desires to be kept an unconscionable time dying, especially those who are keenly aware of being bereft of personality and dignity. Certainly, quite apart from any religious considerations, no one would deny the value of loving care and sympathetic understanding for geriatric patients. But hope and loving care will not cure the killing disease nor incontinence, shortage of breath, difficulty in swallowing, inability to communicate, or the intense pain that cannot be suppressed in 15 per cent of cases. In addition there are many people sufficiently unselfish not to

want such care and attention directed to themselves, knowing that it could be more usefully employed in other ways especially when it means subjecting near relatives and friends to witness a distressful state of disintegration.

Euthanasia and "sanctity of life"

The term "sanctity of life" implies that life has a supernatural content which is sacrosanct. This is a misconception. Neither Nature nor any supernatural power can have any regard for the "sanctity of life" when earthquakes, typhoons, hurricanes, avalanches, floods and droughts take remorseless toll of life. People who accept that animals are God's creatures have difficulty in reconciling "sanctity of life" with predatory animals that either tear their living prey to shreds or swallow their prey alive to dissolve slowly in their digestive tracts.

The concept of "sanctity of life" evolves from purely humanitarian principles —the humane consideration, respect and regard that human beings have for their fellows. Sympathy, understanding and compassion are embodied in this and they all accord with Voluntary Euthanasia.

Conclusion

Let us return to the definition of euthanasia: making an easy death. Dying, in itself, is very easy. Everyone who has had a general anaesthetic skilfully administered knows and has experienced just how easy it can be to die. It is the *manner* of dying that can be so dreadful and *is* so in all too many cases; the weeks, and sometimes months, of useless suffering in mind and body until physical exhaustion finally relieves the patient and relatives of their hopeless distress. Humane procedure, which is compulsory by law in

the case of animals, should be permitted (under strict control) for all adults who have requested it.

Factors which commend the legalisation of Voluntary Euthanasia

(a) It is an entirely non-political social measure.

(b) It would be a permissive Act, applicable only to those who declare a wish to participate.

(c) It is an extension of personal liberty of the individual without prejudice to any other.

(d) It would not only allow persons to die with dignity, instead of, in all too many cases, in pain and utter mental and physical degeneracy, but would relieve declarants during their lifetime of the fear of a protracted distressing death.

(e) It would relieve hospitals of providing services when they are not desired by the patient.

(f) Adequate safeguards are practical to prevent any abuse of the Act, particularly the possibility of the old and infirm being "pressurised" or the use of euthanasia other than in an incurable condition.

Quotations

EPICTETUS (1st Century AD. Greek philosopher; slave—freed; lame; very poor; taught Stoicism):

What you would avoid suffering yourself seek not to impose upon others

SIR THOMAS MORE (A devout Catholic) :

When any is taken with a torturing lingering pain, so that there is no hope of either cure or ease, the priests and magistrates come and exhort them, that since they are now unable to go on with the business of life, are become a burden to themselves and all about them, and they have really outlived themselves, they should no longer nourish such a rooted distemper, but choose to die since they cannot live but in much misery. (Utopia, 1516)

SIR FRANCIS BACON :

I esteem it the office of a physician not only to restore the health but to mitigate pain and dolours; and not only when such mitigation may conduce to recovery but when it may serve to make a fair and easy passage. (New Atlantis, 1616)

DAVID HUME (1711–1761) :

If our shortening lives interferes with Providence, medical services are already interfering by lengthening them. (Essay on Suicide)

ARTHUR HUGH CLOUGH (1819–1861) :

Thou shalt not kill; but need'st not strive officiously to keep alive. (The Latest Decalogue)

LORD HORDER :

Be it observed that the good doctor is aware of the distinction between prolonging life and prolonging the act of dying. (House of Lords, 1936)

NATIONAL OPINION POLLS:

In January 1965 (sample of 1,000 doctors), 76.2 per cent agreed to the statement that "Some medical men do in fact help their patients over the last hurdle in order to save them unnecessary suffering, even if that involves some curtailment of life."

MASS OBSERVATION LTD. (May 1969):

"It should be possible for doctors to put people to sleep for good if they are incurable and in pain."

40 per cent agree. 11 per cent strongly agree.

17 per cent disagree. 11 per cent strongly disagree.

VATICAN CITY MAGAZINE (as reported in The Guardian, 23 Jan. 1969)

A leading Catholic theologian said today that parents are free to put a seriously handicapped premature baby in an incubator or let it die. Monsignor Ferdinando Lambruschini, answering a reader's question in the Vatican City magazine "L'Osservatore della Domenica", said all "ordinary" measures to preserve human life are a duty. "But if prolonging of life is uncertain or if one can expect hardships pain and need for costly and continued treatment, remedies may be considered extraordinary and not binding on the consciences of patients, relatives and doctors," he said. "This distinction must be kept in mind in discussing whether there is a duty to keep prematurely born babies alive by means of incubators. One can say there is such an obligation when it is expected they can live a normal life. But when children are ab-

normal—for instance, suffering from mongolism (congenital idiocy)—one can neither ban nor impose, in the name of Christian conscience, recourse to incubators which would prolong a life of hardships and sacrifices."

Monsignor Lambruschini said the view that "it is better to live as cripples than not to live at all" was simplistic. "We prefer to rest on the principle that nothing can be done to abbreviate human life, but at the same time one may omit some extraordinary measures to extend life under conditions of particular plight," he said. "This is not cynicism, but healthy realism inspired by wisdom. Behaviour based on heroism aways deserves admiration but cannot always be imposed." Monsignor Lambruschini said organ transplants and other dangerous surgery also fall into the category of "extraordinary" remedies that cannot be considered obligatory.

SIR GEORGE GODBER (Chief Medical Officer, Department of Health and Social Security):

Treatment now commonly brings a definable and beneficial result. But there are also those to whom therapy has nothing more to offer and who ask of us only freedom from suffering, the preservation of personal dignity, compassion and peace. More people now live to later ages and die not in a short episode of illness but slowly and in circumstances where such relief as is possible must be maintained over weeks or months. It can be difficult for families to sustain that role and for doctors and nurses to do so over years for a succession of patients requires understanding which their primary training may not have given them.

The problems involved are seldom openly discussed, still less presented in orderly form.
(Foreword to Report on Care of the Dying, 29 November 1972)

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